

NOV 02 2006

Atty Docket No. 023070-175500US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Fee Address

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
FEE ADDRESS**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

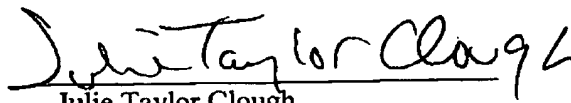
I hereby certify that the following documents in re Application of Gray, et al., Application No. 08/487,974, filed June 7, 1995, for METHOD OF DETECTING GENETIC TRANSLOCATIONS IDENTIFIED WITH CHROMOSOMAL ABNORMALITIES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Fee Address Indication Form
2. Power of Attorney
3. Statement Under 37 CFR 3.73(b)

Number of pages being transmitted, including this page: 4

Dated: November 2, 2006

  
Julie Taylor Clough

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**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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<input type="checkbox"/> Firm or Individual Name			
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Assignee Name and Address:

The Regents of the University of California  
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Linda S. Stevenson</i>	Date	October 31, 2006
Name	Linda S. Stevenson	Telephone	510-587-6000
Title	Manager, Patent Prosecution		

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